

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **TIMOTHY C. SAPP, M.D.**

4 Holder of License No. 30780
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

**Case No. MD-19-0184A, MD-19-1135A,
MD-19-1143A ____**

**INTERIM FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER
FOR SUMMARY RESTRICTION OF
LICENSE**

7 **INTRODUCTION**

8 The above-captioned matter came for discussion before the Arizona Medical Board
9 (“Board”) at its April 21, 2020 meeting, where it had been placed on the agenda to
10 consider possible summary action against Timothy C. Sapp, M.D. (“Respondent”). Having
11 considered the information in the matter and being fully advised, the Board enters the
12 following Interim Findings of Fact, Conclusions of Law and Order for Summary Restriction
13 of License, pending a formal hearing or other Board action. A.R.S. § 32-1451(D).

14 **INTERIM FINDINGS OF FACT**

15 1. The Board is the duly constituted authority for the regulation and control of
16 the practice of allopathic medicine in the State of Arizona.

17 2. Respondent is the holder of license number 30780 for the practice of
18 allopathic medicine in the State of Arizona.

19 **MD-19-0184A**

20 3. The Board initiated case number MD-19-0184A after receiving a complaint
21 regarding Respondent’s care and treatment of a 31 year-old male patient (“ER”) alleging
22 inappropriate prescribing and medication management. Based on the complaint, Board
23 staff requested Medical Consultant (“MC”) review of Respondent’s care of ER and three
24 other patients.

25 4. ER established care with Respondent in November, 2018. Respondent
diagnosed ER with attention deficit with hyperactivity disorder (“ADHD”) inattentive type,

1 and anxiety. Respondent prescribed Xanax 2mg three times daily, Adderall 30mg three
2 times daily, and Klonopin 2mg twice daily. Respondent recommended a follow-up in 4-6
3 weeks; however, ER did not return. On February 17, 2019, ER presented to the Veterans
4 Administration Hospital ("VA") with acute psychosis and suicidal ideations. The VA
5 documentation reported a history of polysubstance abuse including heroin. ER was
6 diagnosed with rhabdomyolysis, treated with IV fluids and discharged against medical
7 advice.

8 5. LB was a 36 year-old female who established care with Respondent in
9 October 2015. Respondent diagnosed LB with anxiety, ADHD, and panic disorder and
10 prescribed LB medications including Adderall 30mg three times daily, Soma 350mg three
11 times daily, Valium 10mg three times daily, Xanax 2mg three times daily, and Wellbutrin
12 XL 150mg daily. On September 28, 2018, Respondent notified LB that he was terminating
13 her care, citing resistance to efforts to reduce her medications.

14 6. TC was a 41 year-old male who was an established patient of Respondent
15 with a diagnosis of general anxiety disorder. Respondent prescribed TC medications
16 including Neurontin 400mg three times daily, Xanax 2mg three times daily, Soma 350mg
17 at bedtime, and Valium 10mg three times daily. On July 26, 2019, Respondent
18 discharged TC from his practice citing TC's insistence on high dose benzodiazepines with
19 angry and argumentative behavior.

20 7. ML was a 25 year-old male who was an established patient of Respondent
21 with diagnoses of anxiety and panic attacks. Respondent prescribed ML medications
22 including Adderall 30mg three times daily, Klonopin 2mg three times daily, Valium 10mg
23 three times daily, and Xanax 2mg every six hours

24 8. The MC who reviewed Respondent's care of ER, LB TC and ML noted
25 deviations from the standard of care, including prescribing Adderall without adequate

1 clinical rationale, prescribing two benzodiazepines concurrently without adequate clinical
2 rationale, prescribing Lamictal for off-label use without adequate clinical rationale,

3 9. There was the potential for patient harm including that patients were at risk
4 for misuse of controlled substances, dependence and addiction.

5 **MD-19-1135A**

6 10. The Board initiated case number MD-19-1135A after receiving a complaint
7 regarding Respondent's care and treatment of a 30 year-old male patient ("WF") alleging
8 inappropriate prescribing and failing to obtain drug screens.

9 11. On July 15, 2019, WF established care with Respondent. WF reported a
10 history of depression, anxiety, ADHD, and possible bipolar disorder since childhood and
11 complained of increased stress and anxiety. Respondent listed diagnoses including
12 ADHD-predominantly inattentive type, anxiety, and bipolar disorder-most recent episode
13 mixed. Respondent prescribed Adderall 30mg twice daily, Neurontin 300mg three times
14 daily, and Xanax 2mg three times daily. WF stated that he had taken these medications
15 previously, but not in the last four years. Respondent recommended follow-up in six-eight
16 weeks.

17 12. On September 26, 2019, WF presented to Respondent's office and reported
18 increased depression and stated that the Adderall and Xanax were unhelpful. WF denied
19 alcohol or drug use. Respondent substituted Dexedrine 10mg twice daily, Valium 10mg
20 three times daily, Wellbutrin XL 150mg daily, Sonata 10mg at bedtime, and increased the
21 Neurontin to 400mg three times daily. Respondent recommended follow-up in four weeks.

22 13. On October 15, 2019, WF presented Respondent's office and reported
23 slight improvement in mood. Respondent recommended reduction in Valium and provided
24 prescriptions for Dexedrine 10mg twice daily, Wellbutrin XL 150mg daily, Neurontin

25

1 400mg three times daily, Xanax 1mg three times daily as needed, and Sonata 10mg at
2 bedtime as needed. Respondent recommended follow-up in four weeks.

3 14. On December 5, 2019, WF's mother called Respondent and reported that
4 WF had a history of medication abuse and expressed concerns about WF's medications.
5 Respondent documented that a check of WF's record showed a one-time prescription of
6 hydrocodone prior to establishing care. Respondent documented that the prescription
7 refills would be canceled and planned to discuss the matter with WF if he returned, with
8 an alternative regimen for anxiety and depression symptoms.

9 15. An MC who reviewed Respondent's care and treatment of WF opined that
10 Respondent deviated from the standard of care by prescribing high dose
11 benzodiazepines and stimulants without adequate clinical rationale, and by prescribing a
12 stimulant and antidepressant concurrently in a patient with bipolar disorder without a
13 mood stabilizer.

14 16. There was the potential for patient harm in that MF was at risk of a "manic
15 switch" due to the lack of concurrently prescribed mood stabilizer.

16 **MD-19-1143A**

17 17. The Board initiated case number MD-19-1143A after receiving a complaint
18 regarding Respondent's care and treatment of patients ("RP") alleging inappropriate
19 discharge of a patient.

20 18. RP was a 46 year-old male who established care with Respondent in March
21 2017. RP's diagnoses included severe major depressive disorder without psychotic
22 features and anxiety. Respondent prescribed RP medications including Klonopin 2mg
23 twice daily, Lamictal 100mg at bedtime, Prozac 20mg daily, and Halcion 0.25mg at
24 bedtime as needed. On November 17, 2019, Dr. Sapp terminated RP from his practice
25 due to repeated unannounced missed appointments.

1 19. An MC who reviewed Respondent’s care and treatment of RP opined that
2 Respondent deviated from the standard of care by failing to appropriately discharge the
3 patient.

4 20. There was actual patient harm in that RP experienced withdrawal symptoms
5 from abrupt cessation of benzodiazepines.

6 21. During the Board’s consideration of the above captioned matter on April 21,
7 2020, Board staff presented the foregoing. Based on the evidence presented, the Board
8 voted unanimously to offer Respondent an Interim Consent Agreement for Practice
9 Restriction (“ICA”), and if not accepted by 12:00 p.m. on April 22, 2020 to summarily
10 restrict Respondent’s license, based on a finding that the public health, safety and welfare
11 imperatively required imminent action. Respondent failed to accept the proposed ICA
12 within the time frame specified by the Board.

13 **INTERIM CONCLUSIONS OF LAW**

14 1. The Board possesses jurisdiction over the subject matter hereof and over
15 Respondent.

16 2. The conduct and circumstances described above constitute unprofessional conduct
17 pursuant to A.R.S. § 32-1401(27)(e) (“Failing or refusing to maintain adequate records on
18 a patient.”).

19 3. The conduct and circumstances described above constitute unprofessional conduct
20 pursuant to A.R.S. § 32-1401(27)(r)(“Committing any conduct or practice that is or might
21 be harmful or dangerous to the health of the patient or the public.”).

22 4. Based on the foregoing Interim Findings of Fact and Conclusions of Law, the public
23 health, safety or welfare imperatively requires emergency action. A.R.S. § 32-1451(D).

24

25

1 **ORDER**

2 Based on the foregoing Interim Findings of Fact and Conclusions of Law, set forth
3 above,

4 IT IS HEREBY ORDERED THAT:

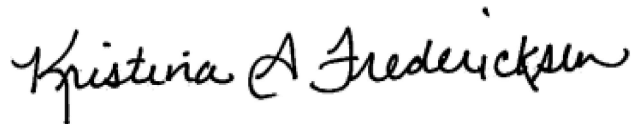
5 1. Respondent's license to practice allopathic medicine in the State of Arizona,
6 License No. 30780, is summarily restricted. Respondent is prohibited from prescribing
7 controlled substances in the State of Arizona pending the outcome of a Formal Hearing in
8 this matter.

9 2. The Interim Findings of Fact and Conclusions of Law constitute written notice
10 to Respondent of the charges of unprofessional conduct made by the Board against
11 Respondent. Respondent is entitled to a formal hearing to defend these charges as
12 expeditiously as possible after the issuance of this Order.

13 3. The Board's Executive Director is instructed to refer this matter to the Office
14 of Administrative Hearings for scheduling of an administrative hearing to be commenced
15 within sixty days from the date of the issuance of this Order, unless stipulated and agreed
16 otherwise by Respondent. A.R.S. § 32-1451(D).

17
18 DATED AND EFFECTIVE this __22nd__ day of ____April____, 2020.

19
20 ARIZONA MEDICAL BOARD

21 

22
23 By _____ for
24 Patricia E. McSorley
25 Executive Director

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

EXECUTED COPY of the foregoing mailed
this _22_ day of __April__, 2020 to:

Timothy C. Sapp, M.D.
Address of Record

ORIGINAL of the foregoing filed
this _22_ day of __April__, 2020 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007



Board staff